## Case 4:04-cr-40012-FDS Document 54 Filed 06/27/2008 Page 1 of 1 CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIR/DIST./DIV. CODE MAX						VOUCHER NUMBER					
3. MAG. DKT/DEF. NUMBER 4:04-001705-001		4. DIST. DKT./DEF. NUMBER 4:04-040012-001		5. APPEALS DKT/DEF. NUM			UMBER	6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name)		8. PAYMENT CATEGORY		9. TYPE PERSON REPRES			SENTED	10. REPRESENTATION TYPE (See Instructions)			
U.S. v. Cabral Felony				Adult Defendant Crack Retroactive Ame					tive Amendmen		
11. OFFENSE(S) CHARG 1) 21 846=NP.F -	ED (Cite U.S. Code CONSPIRAC	Title & Section) If	more than one offe SWITH IN	ense, list (up t TENT T	to five) majo O DIST	r offenses o	tharged, according to TENARCOT	severity of offe ICS	nse.		
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS O HARA, RAYMOND A. 1 Exchange Place 2nd Floor Worcester MA 01608  Telephone Number: (508) 831-7551  14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions Raymond A. O Hara, P.C. 1 Exchange Place Worcester MA 01608			13. COURT ORDER  X O Appointing Counsel F Subs For Federal Defender P Subs For Panel Attorney Y Standby Counsel  Prior Attorney's Name:  Appointment Date:  Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or  Other (See Instructions)  Signature of Presiding Indicate of By Order of the Court  06/27/2008  Date of Order  Nunc Pro Tunc Date								
					ent or parti: ppointment		nt ordered from the p YES . NO	person represen	ited for this se	rvice at	
	and the second second	No the state of th									
CATEGORIES (At		services with dates)	CL	IOURS AIMED	TOT AMO CLAI	FAL DUNT IMED	MATH/TECH ADJUSTED HOURS	MATH/T ADJUST AMOU!	TED   '	ADDITIONAL REVIEW	
15. a. Arraignment a	nd/or Plea										
b. Bail and Detention Hearings											
c. Motion Hearin											
d. Trial											
C e. Sentencing He											
o f. Revocation Hearings											
r g. Appeals Court							_				
h. Other (Specify on additional sheets)											
(Rate per hour = \$ ) TOTALS:											
16. a. Interviews and Conferences											
0											
b. Obtaining and reviewing records  c. Legal research and brief writing											
ř											
d. Travel time											
U c. Hivestigative and Other work (specify of additional sneets)											
(Rate per he	ur = \$	) TO1	ALS:								
17. Travel Expenses	(lodging, parki	ng, meals, mileage, et	c.)								
18. Other Expenses	(other than exp	ert, transcripts, etc.)									
Annabas and an annabas and an											
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM TO				E	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION  21. CASE DISI					DISPOSITION	
22. CLAIM STATUS Have you previously applie Other than from the court, representation? 1 swear or affirm the to	have you, or to your ki YES NO	nowledge has anyone else If yes, give details on add	ursement for this c , received payment litional sheets.	ase? (compensatio	YES	ipplementa NO ing or value	If yes, were you pa	aid? Yl rce in connectio		NO	
Signature of Attorney:					Da	te:					
V)											
23. IN COURT COMP.	23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL I				XPENSES 26. OTHER EXPENSES			27. TOTAL AMT. APPR / CERT			
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER					DATE			28a. JUDGE / MAG. JUDGE CODE			
29. IN COURT COMP.	. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL I					SES 32. OTHER EXPENSES			33. TOTAL AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) P approved in excess of the statutory threshold amount.						DATE 34a. JUDGE CODE				CODE	